

FILED AUG 25 1942

Registration District No. 318

Primary Registration District No. 1003

Registrar's No. 6950

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17  
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County St. Louis, Mo.  
(b) City or town \_\_\_\_\_  
(c) Name of hospital or institution: 2 City Sanitarium  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution. imo. 4 days.  
(Specify whether  
In this community \_\_\_\_\_  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County \_\_\_\_\_  
(c) City or town St. Louis  
(If outside city or town limits, write "RURAL")  
(d) Street No. 4142 Nebraska Ave.  
(If rural, give location)  
(e) Citizen of foreign country? 0 (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME WALTER DORN, SR.

3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

4. Sex male 0 5. Color or race white 6. (c) Single, widowed, married, divorced, married

6. (b) Name of husband or wife Elizabeth Dorn 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased August 8, 1884  
(Month) (Day) (Year)

8. AGE: Years 58 Months - Days 8 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace St. Louis Missouri 0  
(City, town, or county) (State or foreign country)

10. Usual occupation Chauffeur

11. Industry or business \_\_\_\_\_

MOTHER FATHER { 12. Name Christopher Dorn 9  
13. Birthplace Unknown 9  
(City, town, or county) (State or foreign country)  
14. Maiden name Emma Mattson  
15. Birthplace Unknown Sweden 4  
(City, town, or county) (State or foreign country)

16. (a) Informant L. Weygand  
(b) Address City Sanitarium

17. (a) Burial (b) Date thereof 8/9/42  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Palmyra Cemetery

18. (a) Signature of funeral director John A. ...

(b) Address 3013 ...

19. (a) AUG 18 1942 (b) J. J. ...  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 16  
year 1942 hour 5:50 minute P. M.

21. I hereby certify that I attended the deceased from 7-13-42 19... to 8-16-42 19...  
that I last saw her er alive on 8-16-42 19...  
and that death occurred on the date and hour stated above.

Immediate cause of death \_\_\_\_\_  
Brain Tumor Glioma - Malignant  
Due to (onset 7-13-42x).

Due to Cirrhosis of Liver 7-13-42x

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Major findings: \_\_\_\_\_  
Of operations \_\_\_\_\_  
Of autopsy Yes.

Duration  
PHYSICIAN  
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:  
(a) Accident, suicide, or homicide (specify) \_\_\_\_\_  
(b) Date of occurrence \_\_\_\_\_  
(c) Where did injury occur? \_\_\_\_\_  
(City or town) (County) (State)  
(d) Did injury occur in or about home, on farm, in industrial place, in public place? \_\_\_\_\_

While at work? \_\_\_\_\_ (Specify type of place)  
(e) Means of injury \_\_\_\_\_

23. Signature J. J. ...  
Address \_\_\_\_\_ Date signed \_\_\_\_\_

# P

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by \_\_\_\_\_  
Georges Deschambeault, Registered Apprentice No. \_\_\_\_\_  
working under my personal supervision.

Signed

Georges Deschambeault  
Licensed Embalmer No. 2906

P. O. Address 3013 Musgrave

**Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)**

**If this body is not embalmed, fact should be so stated above.**